Intermittent Preventive Treatment of malaria in schoolchildren (IPTsc)
Handeni DC & TC na Kilindi DC

District:…… **Date of supervision:…….** **IPTsc round ( ) 1, ( ) 2, ( ) 3**

Name of the supervisor:_____

Summary of Qualitative IPTsc Supervision			***IPTsc with DP***	
Ward	**School name**	**Filling in of drug dispensing forms** *(#1,2 and yellow form)* *-[Outline any flaws or inconsistence observed]*	**DP drug administration** *-[outline any flaws or inconsistences e.g. dose and weight]*	**Suggestions or any challenge noted**

Signature of the supervisor:…… **Name and signature of a respective WEO:……..**